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ABSTRACT

Two psychiatrists describe their experience in supervising a group of foster parents who participated in a 3-year deinstitutionalization project designed to provide satellite foster home placement for 17 severely emotionally disturbed children (5-to 15-years-old). Among the topics discussed are the foster parents' initial disillusionment and depression during the first few months, problems in consultation and therapy (such as helping the foster parents to understand and handle feelings of hostility and anxiety evoked by the behavior of individual children), issues of separation (such as preparing both children and satellite foster parents for new placements as the children improved), and dealing with problems surrounding the satellite parents' departure. (LH)

SUPERVISION OF SATELLITE FOSTER HOME PARENTS

by

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Introduction:

In the pleasant suburban town of Camarillo, California, nestled in the foothills of the Santa Monica Mountains is the Camarillo State Hospital. Attached to this State Hospital is the Children's Treatment Center with an in-patient unit housing 175 children ages four to sixteen. The children in residence there range in pathology from the more serious acting-out youngsters who have not been able to be treated adequately in their communities and in their homes, to the most disturbed and regressed schizophrenic and autistic children. Many years of work by the authors were spent in developing what seemed to us to be the most therapeutic milieu possible within this setting. We came gradually to the unavoidable conclusion that regardless of how fine our educational and therapeutic program might become, the residential aspects of our environment were grossly antitherapeutic for the young and schizophrenic children. The wild and often unpredictable behavior of, at times, contagion-like quality of the 20 to 40 disturbed children in one living space, combined with the staff who must rotate three times a day in shifts, provides no resemblance to the family home situation which we feel is an absolute critical necessity for each of these young children in their progress towards emotional health.

The child is sent to the hospital in the expectation that she or he will find a therapeutic milieu, but unfortunately, such a reliable, constant, continuous relationship with a parenting figure seems to us very difficult to come by in a large institutional setting. Our experience with the young hospitalized child, (age 4 to 11) and the severely disturbed

autistic and/or schizophrenic child was that although we provided an excellent educational system developed over many years of careful planning and trial and error operations, our results were very poor in terms of the long-term management and therapeutic gains. Those children who left the hospital after a year, two, three or four, and returned to their families, or were placed in a foster home, were still often or usually incapable of forming relationships and sooner or later return to the hospital for additional treatment, (often never to leave again).

Review of the literature:

A considerable body of knowledge has accumulated over the past four decades concerning the importance of adequate parenting of children to become mentally healthy, happy and productive adults, and the difficulties encountered as a result of brief or extended separations and hospitalizations. Spitz (1945, 1946), Bettelheim (1948), Bowlby (1955, 1969, 1973), Heinicke (1965), and the Robertsons (1971, 1967-1973), have all contributed to this field in their well-known publications. (DeFries, Pg. 122) reports on a study that revealed no difference in the universally poor outcome of two groups of children, placed in what was considered poor foster homes. One group received psychotherapy and other therapeutic support systems. The children in the other home received only the placement in the home. There was no difference in the two groups. Their conclusion was that the poor homes were the deciding

factor leading to poor results and whatever else one did for these children did not change the outcome which was determined primarily by the poor foster parents.

THE PROJECT:

In a paper presented by the authors, (1973) a more detailed description of our rationale for setting up these satellite homes is laid out and the gross deficiencies in institutional care as we see it are identified. Suffice it to say that after breaking down the many barriers and overcoming much resistance, we established two homes which we chose to call satellite foster homes. One was located on the grounds of the State Hospital in the residential area where psychiatrists and other staff members lived with their families, the second home was located on the outskirts of the neighboring town of Camarillo. This home was actually on the edge of an orange grove. The town of Camarillo itself has a population of about 24,000 people. Both homes were comfortable, warmly furnished, in pleasant surroundings.

The project has run for three years. In the homes over that period of time there have been 17 children in all. All of these children had been residents in the State Hospital for periods of time varying from five months to ten years (a 13 year old boy had been in the hospital for 10 years). Their ages ranged from 5 to 15. Four children were in each

home at one time. We tried as much as possible to distribute the pathology as follows: One regressed schizophrenic or autistic child with a long hospital history who seemed doomed to life-long hospitalization; the second child, with borderline pathology, who showed intact areas of ego functioning, but basically poor ego structure and fluctuating states of ego intactness; and one or two essentially non-schizophrenic, aggressive children with difficulty in impulse control, whose degree of hostility and serious behavioral problems had brought them rejection in whatever environment they had been in before - either their own home, or, in some cases, multiple foster homes, where placement had not been successful.

The purpose of this paper is to describe our work with the satellite parents. Other publications have dealt with and will deal with the progress of the individual patients (Donovan), the mechanics of setting up and operating such a home, and the training program built up to help develop a cardre of satellite parents, (Rieger 1974). Over the three years that the project has been in operation there were three sets of parents in one home and two sets in the other. The couples were in their early 20's, had been married less than three years and had no children. One couple had a three months experience in training at the Children's Treatment Center, the other couples had essentially no experience with young disturbed children. The observations which this article contains were made during bi-weekly two hour supervisory team

meetings which were held throughout the three years. In addition to the authors, a psychologist and two psychiatric social workers were also part of the team.

Selection of foster parents:

Although others have attempted similar projects (Russell et al), they generally have not tended to have schizophrenic, autistic or long-term hospitalized patients as a part of their setup. We felt that the effect of the inclusion of this sort of patient was to make the demands upon the foster parents particularly intense. The couples were interviewed separately by each member of the team, but it would be very difficult to say what criteria we used in selection. There was more of an intuitive feeling on our parts that these young people were particularly sensitive, and open about their vulnerability and lack of knowledge. All of them seemed to be comfortable in telling us of the anxiety that they might have in such a project. In terms of their personality structure they seemed to be flexible, not given to periods of depression. They were comfortable with each other, although they had been married a short time. We turned down couples on the basis of our feeling that they were having some difficulties with each other, were rigid, or did not appear open in discussing their anxieties and fears. Unfortunately, there really was no way of "trying them out" before they actually began, since once the children were introduced to the parents, an intense rela-

tionship began which would be difficult to interrupt.

Early days and weeks:

The first group of children was introduced to the satellite parents within four days. This was a clearcut mistake. Each of these children had been in the State Hospital for longer than two years. We did not anticipate the shock that it would entail for them to be placed in a home setting after having been in an institutional setting for such a considerable length of time. The adjustment was just as difficult for the acting-out, non-schizophrenic children as it was for the two psychotic youngsters. We also found that our very eager and excited satellite parents became overwhelemed within 48 hours of the four children's arrival. They could have handled it much better one at a time, but we were so eager to get this going that we did not appreciate the trauma of separation for the youngsters or the massive onslaught for the satellite parents. The parents found that they became suddenly depressed. One particularly hyperactive youngster who had a history of multiple fire-setting episodes worried them particularly. They felt that they had to be up all night watching him. They became quickly sleepless, fatigued, and frightened that they were not going to be able to do the job adequately. A great deal of consultation was required during the early weeks, and we found a number of interesting things. First, (a factor which we were to come to appreciate with each new set of

satellite parents) was the intense identification with the miracle workers of the past, of the Gertrude Schwing (1954) variety. They had felt that the children would be so excited and pleased about being liberated from their bonds and shackles in the State Hospital, that that in itself would make them the rescuers who would be loved and appreciated. The minute that hostility began to be shown towards them their unrealistic rescue fantasies came crashing down. This contributed to the anxiety, the sleeplessness, the anger, and the fear of failure. A period of depression began which lasted a month or two. This was the case with all but one of the other couples, even though after the first couple, we were much more careful about introducing children slowly and we anticipated some of the reactions. During our work with the first two couples there was an additional complicating factor and that had to do with our anxiety as a support team. In looking back, what we found ourselves doing was giving concrete suggestions as to how to handle things. What this essentially resulted in was the satellite parents' depression worsening, moreso as they began to feel that they couldn't do anything themselves and they had to get all the suggestions from us. A few weeks later we were able to realize that our usual way of handling other consultation situations would have been to sit back, listen and try to understand feelings rather than to give specific instructions, but due to our anxiety we found ourselves trying to run the whole show.

One of the first things that became painfully obvious was the need of the satellite parents for rest. When we set up this project we had carefully stated to ourselves that this was going to be different from other projects of its kind and that we would only have one set of parents. Many residential treatment centers have group homes where there are two sets of parents. Sometimes one set for five days and another set for three days, and so on, but there is a relief set. We had wanted to make it very clear that this would not be the case in our project. We felt that these particularly severely disturbed children who had been institutionalized and had been used to shifts of people needed one constant set of parents. What we did not take into account was the satellite parents' need for rest. It was about a month before we realized that the one night off a week and two or three weeks of vacation a year was just not going to fill the bill. There needed to be one weekend off every other weekend. We made arrangements for the children to go to their own homes on the weekends off and occasionally use the hospital as backup when nothing else could be found, but we gave each of the satellite parents then from Friday night to Sunday night off every other weekend. When this arrangement was made, tension reduced remarkably, but the suggestion and finally the absolute order had to come from us. The guilt in asking for this kind of relief was too great for these people who had originally felt that they needed no relief. Another factor that became

clear during the early months of the project, was the pleasant relationship which developed between the two sets of satellite parents. The second home did not begin until about three months after the first one had started. When the second home did begin we found a comradeship and mutual support. Sharing of experiences, anxieties and disasters was mutually beneficial to both couples.

It seemed as if the satellite parents had various ways of dealing with their own feelings of inadequacy and depression during these first few months. One way of course was the straight-out declaration of the way they felt and the demonstration of their affect. Another way which we noted in one couple, was to pick a particular child who came to be labeled as stupid. They kept pointing out how he was incapable of doing any of the things that they expected him to do. It was clear that this boy had a low IQ, but the way in which they focused on it and the way in which it became such an intense frustration for them seemed to us to demonstrate a displacement of their own feelings of inadequacy and stupidity. It is significant that as they began to feel more comfortable about themselves they became less disturbed about his "stupidity." A couple who began the second home had a different way of dealing with their feelings. They developed "a plan," and within a few weeks they had developed charts and schedules, charting the various courses and particular behavior that they would like to see improved in the children, the kinds

of ways in which they were going to alter the behavior, and the results. This gave them a much smoother transition into things than the first couple, although they too went through the periods of disillusion and depression. Another couple stayed for two years and showed also the same initial pattern, a period of depression after the initial disillusionment. The curious thing about this particular couple was that the depression seemed to go on for a longer period of time. It didn't manifest itself in poor care of the children, nor did it seem to be displaced onto the children as it was with their predecessors, but the way it was most noticed was the lack of ingenuity. It seemed as if they would take suggestions from us as to things that they might do or try, but they rarely came up with ideas of their own. They appeared lost at times. When we didn't offer suggestions they just kind of rolled along day after day without any particularly innovative ideas. The members of the team were aware of this and saw them just generally as a low-key couple who were not particularly clever. However, about five months after they came, a marked change began to be noticed. They began to develop specific techniques, and ideas in working with the individual children. One example of this was that they were able to devise a game which involved all four of the children with widely diverse intellectual capacities. This was a reading game in which even their most psychotic child was able to participate. They would spend hours during the evening all engaged in this particular game which they could do together. During

this long period of lassitude, one particular characteristic was very marked with them, or I might say more specifically with Mrs. T. She seemed to show a very high concern for "right and wrong." We found that the children were constantly being judged by her, not in terms of why they might have done something, but whether [illegible] right or wrong. A certain amount of this of course was necessary in terms of helping the children to know how far they could go, as contrasted to the hospital in which they had lived for so long; but it seemed to go much beyond this and involve her feeling that they didn't know the difference between right and wrong and they must be taught. However, by the end of this period which we are calling the period of lassitude, their approach to this issue changed remarkably. We could say that the weight of our constant consultations and our own psychoanalytic point of view began to make its mark felt, but it seemed that it was more than that. We suspect that during that early period of time, (although we talked about it only briefly, and even then not until the very end of their stay), they strongly felt that they would like to flee this whole situation. It was overwhelming for both of them, and they had to set controls on themselves in terms of what was right or wrong regarding their commitment to us and in terms of their rage towards the children, what was permissible and not permissible for themselves. As their feelings about this began to decrease they were able to take a much more dynamic and introspective look at the children.

There were other ways that other couples seemed to behave in this period of depression and instability. Mr. and Mrs. S. had their own particular way. After about a month the members of the team, were becoming very irritated with them, and after examination found that there was developing a competition between Mr. S. who was a very bright, extremely psychoanalytically oriented young man, (although he had had no practical or clinical experience in the field of psychiatry or psychoanalysis he was extremely well read on the subject). He was out to prove that he was a better therapist than any of us. This particular period of time was very difficult for all of us. We became resentful of him and he of us, and there were constant efforts on both sides to outdo the other. All of this was subtle. It was not realized until four or five weeks later when it became obvious that we were engaged in a very hostile struggle, not only between the members of the team and Mr. S., but even among the members of the team, with some claiming that he was playing one member against another. There were those who felt that he could not continue as a satellite parent. These were a few painful months until finally we all became more aware of what was happening and became aware of the ever dangerous tendency toward displacement on all of our parts as a hazard in working with frustrating and at times seemingly impossible children.

Individual problems in consultation and therapy:

One particular girl seemed to bring out a number of the

problems inherent in this type of treatment. She was 11 years old when she came to the satellite home after having been in the State Hospital for a year and a half. She was a borderline girl who at first showed signs of psychotic behavior, but as her stay in the satellite home progressed, less and less psychotic material was noted, and there was more sexual provocativeness and acting out in many different directions. The first reaction to her after she had been in the home about four months, and was clearly showing less psychotic behavior, was that we began to notice that the satellite parents were expressing more than the usual amount of hostility toward her. They seemed to have singled her out as the girl that they were the angriest with most often, and the one who seemed to be most in trouble in the home and in the public school. What came up was that she was acting in an extremely provocative way toward the satellite father. He found this difficult to take. The satellite mother found herself angry, resentful of the girl and really not knowing why. As they were able to see and deal with the pseudo-genital behavior as a way to cover and deny her intense feeling of oral deprivation, their ability to help her increased. There seemed to be one crisis after another surrounding her. One would abate and another would begin. As we mentioned, the first seemed to be around this sexually provocative behavior. The satellite parents would generally begin by telling us that "Debby is trying to get us down." At one point, a dog next door was beaten and there was some real question as to whether

Debby had done it or not. They seemed to feel that she had done it. It was an attack on them they felt, not just an attack of anger but a getting back at them. At the time, this sadistic attack on the dog seemed to represent to them all of what was bad in Debby coming back as if they had made no progress with her, and that she surely did it in order to hurt them. They were so angry about it that they had some doubts as to whether they could continue to work with Debby and had thoughts of sending her back to the hospital. Fortunately, this was far enough along into the project, that we had learned our lesson in terms of responding to their crises. We had some indication that their response to Debby's sadism had to do with the abhorrent way in which they viewed their own sadism, their wish to lock up that part of themselves. Some recognition and approval of their sadism during the consultation seemed to reflect itself in a rather dramatic improvement of Debby.

Our relationship with the satellite parents was close and more intense than in many situations between supervisor and supervisee, and it was in relation to certain patients such as Debby that this came out. Just as Debby was able somehow to affect them so intensely, so they were often able to affect us in the same way. For example, as they felt suddenly that maybe it wouldn't be possible for Debby to continue there, we felt that we might be failures, our project might be a failure, etc. It was a way the satellite parents

had of quickly and intensely engaging us. As we mentioned, it was fortunate that this particular crisis did not occur early in the project, so we had some perspective on it. We were able to understand that these very infantile patients would often communicate with the satellite parents through means of projective identification (Bion). When the satellite parents began to experience the intense anxiety, the patients begin to experience the anxiety less. As the satellite parents begin to feel sadistic and sexual those feelings in turn became somewhat more manageable in the minds of the patients. We often times found ourselves as consultants wrapped up in just those sorts of feelings as they were conveyed through the satellite parents to us. We hoped that we might act more like Bion's ideal parent and be able to experience the feelings of the satellite parents and yet "retain a balanced outlook." Bion's idea is that if a patient (or child) can split off his fears and put them into the analyst (or mother), allow them to repose there long enough, they will undergo some modification by the psyche of the analyst (mother) and can then be safely reintrojected. It seems that if we as supervisors could tolerate the frustrations and the projections of the patients coming to us via the satellite parents, we could serve as models for the satellite parents. At the same time, it was important for us to continue to realize that the intensity of feelings which inundated the satellite parents, could never be fully appreciated by us, although we strived

to do so, since we were not in their position. And so it was we attempted many times to do nothing, to say nothing but rather to sit, listen and help only in the realm of understanding.

As time went on and we became more comfortable in not imposing our will on the satellite parents as much, they began to develop their own special techniques of dealing with things which were so vastly different from what we might have recommended. One thing in particular comes to mind - one set of satellite parents found that one very hyperactive child was difficult to control when he became involved in a rage. He would be so physically strong that it would take all of their energies to hold him. Although he was only 10 years old, sometimes his rage would go on long enough that they found themselves responding with their rage. They began to notice how fatigued they were and were holding a little too tightly, bending his arm a bit too much, and realizing that they were coming close to even wanting to torture him the way he was torturing them. They found that if they sat on him, placing him on the floor face down with their buttocks on his back, they were able to sit as long as necessary until he calmed down. (Other ways of handling this boy such as isolating him and putting him in a room alone seemed totally inappropriate in terms of his terror of separation). It began to appear to us that there were many consequences of this sitting behavior which were not exactly to be admired and we felt that this was not appropriate. However, it seemed to work so successfully to them that we kept quiet about it, and in retrospect it does

not seem to have caused any serious difficulties whatsoever. The same was true about the mechanism of "putting kids in the corner." It seemed to be a kind of global way of punishment. It was a mild sort of isolation which all of the kids could tolerate, but which seemed archaic and somehow really not very appropriate for a home so highly clinically oriented which should somehow have worked out more sophisticated techniques; but it worked, and so again we kept quiet and found that it probably was a tried and true method of control which they had come upon and we must respect their predilection for this.

One particularly difficult situation deserves mention. As we mentioned above, in each home there was one severely disturbed child who had, it seemed, little chance of ever leaving the State Hospital, were it not for a program such as ours. This girl, Gina, 15, had been in the State Hospital for nine years. She was barely verbal when she came to the satellite home. She evidenced some headbanging, but her most persistent self-destructive behavior consisted of banging her body against walls, thereby making her skin black and blue, and picking with her fingers at various parts of her skin, creating sores and scabs which would then be picked off and eaten. This patient progressed during the time she was in the satellite home well beyond our expectations and hopes. At one point, however, her self-destructive behavior began to escalate rapidly to the point that her whole body

was covered with bruises and scabs. It appeared that the major cause of this episode had to do with the absence of her parents who used to visit her regularly. They had gone to Europe for a month. Our feeling was that any disturbance which might anger, frighten, or depress her, seemed to be followed by this self-destructive behavior. She got to the point where she was able to talk about this in single words or show us in some ways what was bothering her, and at times, that seemed to relieve things. This time it didn't work. The satellite parents were exhausted by having to keep a 24 hour vigil, as she could get out of almost any device we could arrange to keep her from destroying herself. After about five days of this they cried "help" and claimed that they could go on no longer. We suggested that she be rehospitalized. Their guilt became immense but we felt we had no other way to be of help to the foster parents and that they weren't able to be of help to Gina. We all seemed trapped. At that point, it was necessary for us to insist that she be rehospitalized and admit our failure in the situation. It seemed that possibly everything and everyone around her had become so intense that we were unable to reduce the level of anxiety for her but rather only tended to escalate it. She was in the hospital for three months during which time we had close communication with the staff at the Children's Treatment Center. She was finally readmitted to the satellite home after three months and made good progress, until about six months later when the same

situation appeared to be recurring. We had done a great deal of talking about the psychodynamics behind her self-destructive behavior and oftentimes this was able to be translated into some real help for her or real understanding for the satellite parents who then were able to tolerate a bit longer her difficult behavior and help her with it to a greater degree. This time again the self-destructive behavior began to escalate but the satellite mother noticed one day that it seemed as if things were very dry in the house. She then remembered that in dry spells before, Gina always seemed to be somewhat tense. In our part of Southern California there are what is called the Santa Ana winds in which the humidity drops precipitously for a period of four to five days. Could it be possible,the satellite mother asked, that physiological factors as well as psychological ones would act as equally intense triggers, that possibly the drop in humidity might cause an intense irritation of the skin and/or the mucus membranes for this girl to the degree that her skin became unbearable to her? We all considered this a possibility and marveled at the fact that we hadn't considered it before. A humidifier was placed in her room and the self-destructive behavior diminished considerably. What I think was remarkable about this was the way in which this satellite mother and father were able to keep a broad mind as to what might be the precipitating factors in any particular crisis. They reminded us of what we had often tried to convey to them that those factors were more often than not combinations of psycho-

logical and physiological phenomena.

One situation I'd like to share with you caused us some difficulty. It occurred rather suddenly when one set of satellite parents began to feel that three of their children should not visit with their natural parents on the alternate weekends. It was difficult to ascertain whether there was real justification for this situation based on external circumstances. It was true that as each of these children had progressed in the satellite home, we were all becoming more and more uncomfortable about their returning to what appeared to be extremely pathogenic homes. With these particular three homes we seemed to have been singularly unsuccessful in effecting any change with the parents through treatment. When each of the children had moved into the satellite home they had described their own parents as good and denied the intense pathology which existed in the home, as well as denying their own feelings of rejection and abandonment by their parents. As the months went on and their allegiances and alliances with the satellite parents became intense, they began to see their own natural parents as bad. It was during this particular phase, when all of them were going home almost twice a month, that they began bringing back stories of how horrible things actually were at home. We found this very difficult to assess since it seeemed very much in keeping with their natural tendency to split good and bad. The problem with it was that the satellite parents too were swayed by the reports that they received. On the one hand they felt genuinely sorry for the

children who had to go home and suffer such disastrous weekends; but on the other hand, began to wonder if now all the bad that the children felt was projected onto their original parents and they, the satellite parents, were having a particularly easy time of it at the moment. They were aware of how this process of splitting works. We were also aware of our own needs (both the satellite parents and the members of the team) to see ourselves as the saviours. We found it very difficult at times and sometimes impossible to continue to help the satellite parents to look at the splitting process and not to merely allow it to occur. Probably for realistic reasons and probably also because we partly were not able to deal with this issue adequately, those children's home visits were diminished and finally ended, and we saw as a result that the splitting process now became actually minimized as both aspects - the good and the bad - came to be directed at the satellite foster parents. We hadn't realized before that in a sense we were encouraging splitting by not allowing both sets of feelings to fall upon the satellite parents. The idealization with which they had been treated by one child in particular, during this middle phase of treatment, abruptly ceased and the wrath of God began to be directed at the satellite parents by this child to a great extent and by the other two to a lesser degree. It was interesting to note that as this particular girl began to heap more and more abuse on the satellite parents, they reacted with anger saying "we can't trust her anymore" and it clearly came to be seen that they meant "we can't trust ourselves with her." They felt like murdering her and soon wished she were going home again.

Issues of Separation:

We had the question as to when it was really time for a child to leave. Was it at the time of the peak of improvement? Was it at the time of a plateau or should we wait till the satellite parents were about ready to leave and new parents were coming? Always, this was a difficult problem and really no sensible generalizations can be made about this. A particular fear that we had continually was that as these very difficult children improved, we would all (members of the consulting team as well as the satellite parents) derive such narcissistic gratification out of the progress of our children-patients that we would not want them to leave. We would not want them to leave because watching them grow was so exciting. The satellite parents would not want them to leave because they cared for them so deeply, and we all would not like them to leave because we feared that they might fall flat on their faces and then we would really feel terrible. So there was always the fear that we would keep them so long that they would never be able to leave. Apropos of this was an article by Dora Hartman (1972) suggesting that the end of treatment (in that case, analysis) will somehow make itself known, that a bird will fly away from its nest when its wings are strong enough. We had always hoped this would be the case but were concerned lest some overprotective mother hen help convince the bird that she really couldn't fly, so she never takes the chance. We will mention more on this issue later.

With the more normal children, separation seemed to be a painful issue. Finding the proper placement was difficult, whether they should go to their own parents or to regular foster homes now, and there were always many problems associated with this. But the most painful separations were those with the psychotic or borderline children, and many times we needed to ask ourselves the question as to whether these children could really make a separation from the satellite parents who indeed had given them a new start in life. Was it possible for them to begin again in a new setting (generally, with specially chosen foster parents in the community) and continue the development which had really just in a matter of a few years, precariously begun? There are many times that we felt that if the relationship with the satellite parent were to be successful, it must by needs be so intense and so important that there would be great question as to whether it could be terminated and a new relationship begun. As it turned out in almost every case where we attempted it, it did seem possible to accomplish.

There were many difficulties around the issue of separation. At times, a particular child was carefully considered for separation, the issues worked through with the child, satellite parents, and potential placement facility, only to find that within a matter of a few days the child acted up so badly that the placement could not continue. We then had to consider many factors. Firstly, was it a bad placement,

in the sense that these people were really not able to deal with the child who still might be at times severely disturbed? Had we not prepared the child successfully enough so that he felt frightened and threatened by being separated from his satellite parents? Or, thirdly, were we giving messages that this was not a good placement for him and was he carrying out our overprotective and self-sabotaging suggestions that really he was not quite ready to leave and he should return to us. One child, Jimmy, did return to the satellite home after setting a fire in his new home two days after placement. He remained with us for about six more months. Psychotherapy continued, his work with the satellite parents continued, he was again placed. He is doing exceedingly well - one year after placement. These experiences and the painful sense of loss suffered by the satellite parents gave us all renewed appreciation of what the biological parents must have gone through in their separation from these children.

Then the whole issue of the problems of dealing with parents in the homes into which the children were going (usually not their own) came up. We found that the social agencies had been used to dealing with placement by having a social worker who the child did not know, take him from either the State Hospital, or where ever he might be, to the new placement where he had never been before, and drop him off. So the child then went from a comfortable old place, with a stranger to a strange new place. We attempted to reverse all

of these processes by careful working through with the child before placement, having multiple visits with the prospective new people in their home, and having everybody get to know each other before the placement actually took place. A number of phenomena occurred as we did this and made us all aware of why it was that social agencies tried to do things very quickly. From the child's standpoint, when a placement procedure goes slowly, the old mechanisms of splitting occur again. The satellite parents were seen as good people, the new parents were seen as bad. They were frightened. Helping the child to work through his fears, both neurotic and realistic, was a very difficult and painful process for the satellite parent, who himself was going through a very painful process of separation with a child who he, by this time, loved dearly. There was a great tendency on the part of the satellite parents to go along with the child's skepticism and fear of the new setting, as they, the satellite parents, also feared the child leaving their home and going into a new home. They feared on many levels. First they feared that the child would indeed not find understanding and care they received in this home; secondly, they feared that the child would find understanding in a good home where improvement might even be better than it had been in the satellite home. This of course would make the satellite parent frightened, and depressed. So in the face of these feelings, trying to help the child to deal with

his feelings of separation, and at the same time, mourning for the loss of the child, became an almost intolerable task. Providing consultation and supervision to the satellite parents at this particular phase in the project was a very painful one for all of us. We shared with the satellite parents many of the concerns and worries, but yet on the other hand, needed to help them effect the separation, and we were most impressed with how deeply the satellite parents had come to care for each of their children. One of the satellite parents once said to us "you really can't realize what it's like, but maybe if you thought that someday you might come home and someone would say to you that it's time for your three children to go live with someone else, then you might have some feeling as to what we are going through." For a year and a half to two years these children were the center of the lives of these satellite parents. We had of course hoped that it would be so, and in setting up the project so that there were not shifts of parents, but rather only one set of parents at a time, we were helping it be so, and the intense feelings of love, affection, hatred, ambivalence, etc., which were built up between the parents and the children, and which were absolutely necessary in order for these particular children to show the vast psychological improvement that they showed, now came to provide the source of pain and suffering as separation occurred, just as it does of course during the process of separation in a normal home. All of this at times was exaggerated by the new outside foster

parents who would not want any information, and the impression given to our satellite parents was often that the child would find a good home with them and that they didn't want to know any of what the child had been through, rather they would find out themselves; the implication being that whatever it was the child was living in couldn't have been any good if the child was still disturbed. Whatever they will be providing will be different and better. This of course, was a bitter pill for the satellite parents to swallow. Meetings between the potential foster parents and the satellite parents were very painful. We could understand why social agencies tended to avoid these things, but avoidance was always to the detriment of the child. If there was a sudden shift and separation as it used to be at the State Hospital, there was often a honeymoon period for the child in the new home. After all, the child would be on very best behavior because of being terrified that there was no place else to go. They had to make a go of it, there was no returning. After the honeymoon period when of course, the foster parents were somewhat committed to keep the child, all hell would break loose. With our placements there was no honeymoon period, and it took a dedicated new foster parent to be able to see this initial period through.

Issues surrounding the satellite parents' leaving the home:

This always posed a very painful issue for everyone - the children, the members of the team, and the satellite

parents themselves. The average stay was approximately one and a half years. As the time drew near for any particular couple to leave there was always a gradual and then a more rapidly increasing process of decathexis. The satellite parents gradually became less involved with the children, the children would react to this with anger, and sometimes regression. At times, the satellite parents would do things which seemed to manifest a sudden need for decathexis, such as one couple did two months before they left. They suddenly adopted two cats who had come by their door in need of a home. These cats became the center of their attention; the children suddenly felt very left out, and we were plunged deeply into the whole issue of their separation process and their own need for preparation for this. Almost universally the satellite parents felt that they had not accomplished what they had set out to. They felt like failures. It was terribly important for the members of the consultation team to help them to realize really how much had been accomplished during their period of time, and to see that they were dealing with the same phenomena that one deals with when one learns any new skills or ability. The more one learns, the more one realizes how clumsy one has been in the past and how far there is yet to go before one is skillful. So it was with their work with the children, that as the children improved immeasurably, their goals increased even more rapidly so that ultimate goals seemed always out of reach. This was a never ending source of difficulty as all

the satellite parents left, and could only best be dealt with by some support, by review of the records so we could see the actual progress the kids had made, and also at times by directly confirming and agreeing with how much yet there was left to do. Near the end there seemed to be often a great deal more reliance on the supervisory team, again asking the team to make decisions about particular sorts of management as if they no longer could do this since they were pulling out; but on the other hand, when suggestions were made the satellite parents treated us with hostility and constantly confronted us with our inadequacies. It was as if they had hoped not only for the children but also for themselves for a great deal of growth. From our standpoint, many of them achieved a tremendous amount of personal growth during this intense experience, but obviously, it was not the idealized form of growing up that they expected to occur within themselves, and they realized that they had a much longer way to go. To the degree we had been successful with them in helping them grow they were pleased with us, to the degree that we had been too overprotective, or on the other hand, too nondirective or passive, those complaints were made at the end as well. It was true with all of the parents that the intensity of their complaints about us could never be voiced until almost at the end of their stay, as if they needed and depended on us so deeply that they could not vent their hostility until a number of situations were satisfied. 1) they felt they were

leaving anyway and it didn't make any difference; 2) they felt confident enough in their relationship that they knew our friendship and association would continue regardless of what they had said, and 3) the depression about their loss enabled them to say things in a more open way and admit their discouragement and failure more openly than they could under other circumstances.

In the very last supervisory session with the two parents who had been with the project the longest, we dealt finally and most intensively with other feelings about us. They tended to feel that we had not appreciated the multiple hats that they had to wear. We expected too much of them. That it was impossible for one to be on the one hand a trainee, a novice and a student, and on the other hand, an accomplished parent of four seriously disturbed children, while never having been through the experience of being a parent with their own children. On the one hand, this is true. I'm sure that we did not appreciate fully the intense commitment and drain that this placed upon these people. We could probably never appreciate it unless we ourselves had been satellite parents. Most of us felt we were not cut out for it and could never have managed it. On the other hand, what was clear was that they wished that we wear multiple hats as well - that we be therapists, peers and parents for them, and surrogate therapists for the children. So many demands on us just as there were so many demands of them.

As you can see, this project, the work of supervising satellite parents and being a satellite parent are complicated and deeply involved and involving operations. But we propose that these children can only be helped significantly in such a setting when the commitment is deep and relationships are constant. As Provence and Lipton (1954) note in the introduction of their book Infants in Institutions "the family..... is the setting in which babies can best be provided with care and influence that support and foster good development. It becomes increasingly harder to provide such care the further we get away from this model." We propose that disturbed schizophrenic children are indeed in the infancy of their development and need that model every bit as much as the child who is actually in the crib.

Into the development of such a setting must also go the most intense supervision of these special people - satellite parents - whose work, like the work of a parent, is both frustrating but also incredibly rewarding for both child and parent alike. As of this writing 15 of our first 17 children are living outside of the State Hospital.

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